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# Sisters and Smallpox: The Daughters of Charity as Advocates For the Sick Poor in Nineteenth-Century Los Angeles

BY

KRISTINE ASHTON GUNNELL, PH.D.

On 6 January 1856, six Daughters of Charity appeared in the plaza of Los Angeles. Led by Sister Mary Scholastica Logsdon, D.C., five of the sisters traveled from the motherhouse of the American province in Emmitsburg, Maryland. Accompanying Bishop Thaddeus Amat, C.M., in October 1855, these women sailed from New York to Panama, crossed the isthmus via the recently completed railroad, and continued up the coast to San Francisco on the steamer *John L. Stephens*. Sister Corsina McKay, D.C., joined the band in San Francisco, and after a month's respite the sisters completed the final leg of the journey to Los Angeles. Arriving unexpectedly, no one met them at San Pedro and the sisters accepted a ride to town from a fellow passenger. Sister Scholastica remembered that shortly after their arrival, "a good, aged, Father came in puffing and blowing and signed for us to follow him."<sup>1</sup> He escorted them to the home of Ygnacio and Ysabel del Valle, who hosted the sisters until the bishop returned from San Gabriel two days later. In the following months, the Daughters of Charity opened the Los Angeles Charitable Institute, which consisted of a school, an orphanage, and an infirmary for the impoverished sick.

In the last decade, a scholarly interest has re-emerged in the influence of "vowed women" (to use Sioban Nelson's term) in American history, including members of active religious communities like the Daughters of Charity. Nelson and Barbra Mann Wall write about Catholic nursing communities, while Maureen Fitzgerald, Dorothy Brown, and Elizabeth McKeown explore the influence of Irish Catholic nuns on social welfare practices in New York City. While several scholars have discussed the experiences of Catholic sisters in the nineteenth-century American West, the interactions of gender, religion, and culture in this region deserve further

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<sup>1</sup> Mary Scholastica Logsdon, D.C., to Francis Burlando, C.M., Los Angeles, 17 January 1856, in *Daughters of Charity in the City of Angels: A Compilation of Their Early Writings* (Los Altos Hills, California: Daughters of Charity, Province of the West, Seton Provincialate, 2008). Sister Scholastica (1814-1902) joined the community in 1839. She served in New York City, Emmitsburg, MD, and Natchez, MS, before starting the mission in Los Angeles in 1856. Daughters of Charity, Consolidated Database (10-0), Archives St. Joseph's Provincial House, Emmitsburg, Maryland (ASJPH). Consulted at the Daughters of Charity, Province of the West, Seton Provincialate, 21 July and 4 December 2008.

evaluation.<sup>2</sup> Building on the work of Michael Engh, S.J., Anne M. Butler, and others, my research analyzes the social, political, and economic relationships cultivated by the Daughters of Charity to establish and maintain charitable institutions that served the poor in Los Angeles. The Daughters of Charity were among the first to establish houses on the Pacific Coast. At the invitation of the newly-appointed bishops in California, the community established orphanages in San Francisco in 1852, Los Angeles in 1856, and Santa Barbara in 1858.<sup>3</sup> By 1861, the sisters in Los Angeles expanded their charitable works to include an orphanage, a hospital, and a seminary to train new recruits. In this article, I particularly wish to focus on the sisters' role as advocates for the sick poor during the smallpox epidemics in the late nineteenth century.

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<sup>2</sup> Examples of recent literature include Dorothy M. Brown and Elizabeth McKeown, *The Poor Belong to Us: Catholic Charities and American Welfare* (Cambridge, MA: Harvard University Press, 1997); Maureen Fitzgerald, *Habits of Compassion: Irish Catholic Nuns and the Origins of New York's Welfare System, 1830-1920* (Urbana: University of Illinois Press, 2006); Suellen M. Hoy, *Good Hearts: Catholic Sisters in Chicago's Past* (Urbana: University of Illinois Press, 2006); Sioban Nelson, *Say Little, Do Much: Nurses, Nuns, and Hospitals in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2001); Barbra Mann Wall, *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865-1925* (Columbus: Ohio State University Press, 2005). Mary Ewens' now classic work provides a framework for Catholic sisters' expansion into the west, and Coburn and Smith's analysis illustrates nuns' activities in what is now considered the Midwest. See Carol Coburn and Martha Smith, *Spirited Lives: How Nuns Shaped Catholic Culture and American Life, 1836-1920* (Chapel Hill, N.C.: University of North Carolina Press, 1999); Mary Ewens, *The Role of the Nun in Nineteenth-century America* (New York: Arno Press, 1978). As for the Daughters of Charity specifically, Daniel Hannefin, D.C., has written an overall history of the community in the United States, and both Michael Engh, S.J., and Msgr. Francis J. Weber include chapters about the sisters' experiences in Los Angeles in their books. Additionally, Anne M. Butler analyzed the sisters' experiences in Virginia City, Nevada, and has also written an overview of Catholic sisters in the American West. Martha Libster and Betty Ann McNeil, D.C., analyze the sisters' holistic approach to nineteenth-century health care in *Enlightened Charity*. See Anne M. Butler, "Mission in the Mountains: The Daughters of Charity in Virginia City," in *Comstock Women: The Making of a Mining Community*, ed. Ronald M. James and C. Elizabeth Raymond (Reno: University of Nevada Press, 1998); Anne M. Butler, "The Invisible Flock: Catholicism and the American West," in *Catholicism in the American West: A Rosary of Hidden Voices*, ed. Roberto R. Treviño, Richard V. Francaviglia, and Anne M. Butler (College Station: Published for the University of Texas at Arlington by Texas A&M University Press, 2007); Michael E. Engh, S.J., *Frontier Faiths: Church, Temple, and Synagogue in Los Angeles, 1846-1888* (Albuquerque: University of New Mexico Press, 1992); Daniel Hannefin, D.C., *Daughters of the Church: A Popular History of the Daughters of Charity in the United States, 1809-1987* (Brooklyn, New York: New City Press, 1989); Msgr. Francis J. Weber, *California's Reluctant Prelate: The Life and Times of Right Reverend Thaddeus Amat, C.M. (1811-1878)* [Los Angeles: Dawson Book Shop, 1964]; Martha M. Libster and Betty Ann McNeil, D.C., *Enlightened Charity: The Holistic Nursing Care, Education, and Advices Concerning the Sick of Sister Matilda Coskery (1799-1870)* [Golden Apple Publications, 2009].

<sup>3</sup> The Sisters of Loretto also opened Our Lady of Light Academy in Santa Fe in 1852, and the Sisters of Providence founded an orphanage and school in Vancouver, Washington, in 1856. George C. Stewart, *Marvels of Charity: A History of American Sisters and Nuns* (Huntington, IN: Our Sunday Visitor, 1994), 116-118, 148-150.

Catholic sisters played an instrumental role in establishing social welfare services throughout the west, which in turn helped to incorporate these newly-conquered territories into the social, political, and economic structures of the nation. The sisters' schools, orphanages, and hospitals served dual purposes. First, the sisters responded to the needs of the Catholic population in the new territories of the western United States. Secondly, the sisters offered physical and spiritual comfort to all those in need, regardless of religious background. Since the sisters provided the first, and often only, orphanages and hospitals in many isolated western towns, their charitable activities often facilitated local cooperation between Catholics, Protestants, and Jews. In Los Angeles, the Daughters of Charity acted as intermediaries between various religious and cultural groups, bringing together Spanish-Mexican *rancheros*, Jewish merchants, and American politicians in a common cause to alleviate the suffering of poor orphans and the sick. As the key provider of social services in the city before 1880, the sisters became major advocates for improving the treatment of the poor. While class and racial biases encouraged the perpetuation of inhumane conditions in American almshouses, the rules and traditions of the Daughters of Charity required that the poor be treated with "compassion, gentleness, cordiality, respect, and devotion."<sup>4</sup> This approach challenged the derogatory stereotypes associated with the "unworthy poor," and the sisters constantly had to nurture their relationships with benefactors to ensure that they had the resources to adequately meet the needs of the poor men, women, and children in their care.

Caring for the sick poor had been part of the mission of the Daughters of Charity since the community was organized by Vincent de Paul and Louise de Marillac in 1633. However, the sisters' hospital work was rarely funded solely through private donations. Reflecting American social welfare practices that tended to combine public and private efforts, the sisters often partnered with local governments to provide hospital care for impoverished residents during the nineteenth century. After 1855, the California legislature increasingly defined caring for the indigent sick as a county responsibility, and the Los Angeles County Board of Supervisors contracted with the sisters

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<sup>4</sup> "Common Rules of the Company of Sisters of Charity Called Servants of the Sick Poor Which They Must Keep to Perform Their Duty Well by the Grace of God," in Pierre Coste, C.M., ed., *Vincent de Paul: Correspondence, Conferences, Documents*, ed. and trans. by Jacqueline Kilar, D.C., Marie Poole, D.C., et al, 1-11, 13a & 13b (New York: New City Press, 1985-2008), 13b: 151. Hereafter cited as CCD.

to provide nursing, food, and housing for impoverished patients in 1858.<sup>5</sup> This arrangement suited both parties for the better part of two decades. However, working with the county thrust the sisters into the political realm. Continually facing tight county budgets and public reluctance to provide for the “unworthy poor,” the sisters had to become advocates for their patients, ensuring that they had enough funds to meet patients’ needs. At times, this meant that the sisters had to act in subtle, yet still very political ways.

### Sisters’ Hospital

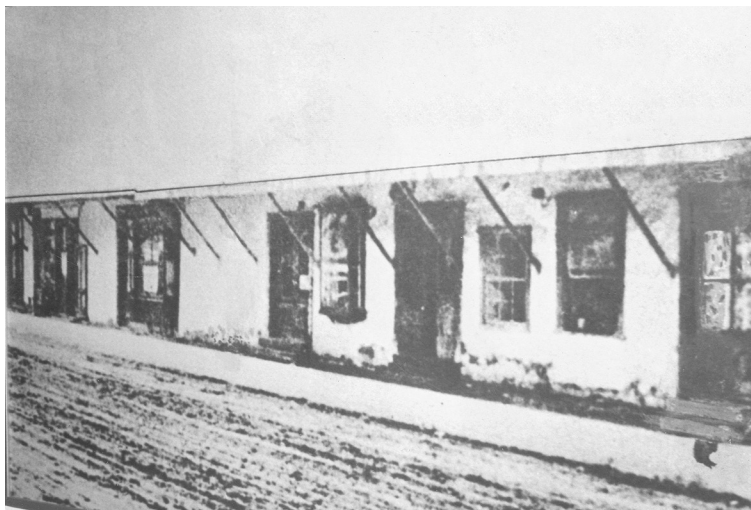
In Los Angeles, the sisters’ hospital began informally at the Charitable Institute (*Institución Caritativa*), the sisters’ orphanage and school. Shortly after their arrival, the sisters began nursing sick children and others whom the priests placed in their care. In her memoir, Sister Angelita Mombrado, D.C., recounts the beginning of hospital work in the city: “One day Father [Blaise Raho] came to our house and said he had a very sick man for us to take care of. Sister Ann said, ‘Father, where can we put a sick man? We have hardly room for ourselves.’ He said that we must find a corner as the man had to be cared for or he would die.”<sup>6</sup> Sister Ann Gillen, D.C., cleared out the gardener’s shed, and the sisters took the man into their care. By nursing patients at the institute, the Los Angeles sisters continued the mission of the Daughters of Charity to care for the sick poor.

When the opportunity presented itself, the sisters expanded their health services. With financial support from the Los Angeles County Board of Supervisors, the Daughters of Charity opened the first hospital in Southern California. Beginning in a rented adobe in May 1858, the sisters expanded the institution twice, moving to larger facilities in October 1858 and January 1861. Although the sisters owned and managed the Los Angeles Infirmary

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<sup>5</sup> Theodore H. Hittell, *The General Laws of the State of California from 1850 to 1864, Inclusive*, 2 vols. (San Francisco: H.H. Bancroft and Company, 1865), pars. 3673-3685, pp. 533-534. For a discussion of California’s early social welfare practices, see Jacobus tenBroek, “California’s Welfare Law — Origins and Development,” *California Law Review* 45:3 (1957).

<sup>6</sup> Angelita Mombrado, D.C., “Remembrance of My Youth,” in *Daughters of Charity in the City of Angels* (Los Altos Hills, California: Daughters of Charity, Province of the West, Seton Provincialate, 2006), 21. Sister Mombrado (1833-1923) decided to join the community in 1855 when she accepted Bishop Thaddeus Amat’s invitation to come to California. Even though she was inexperienced at the time, Sr. Mombrado’s ability to speak Spanish was invaluable as she assisted in starting the sisters’ missions in Los Angeles (1856) and Santa Barbara (1858). Ann Gillen, D.C. (1818-1902) joined the community in 1840 and served in several orphan asylums before coming to Los Angeles. Notably, at that time Sister Ann was the only sister in Los Angeles who had formal experience working in a hospital — in 1849, she served at Mount Hope, the sisters’ general hospital and mental health facility near Baltimore, Maryland. This was likely the reason Sister Scholastica placed her in charge of the hospital. See Consolidated Database (10-0), ASJPH.



The adobe, circa 1858, located on Spring Street.  
 Courtesy of St. Vincent Medical Center, Historical Conservancy, Los Angeles, CA

(commonly known as County Hospital or Sisters' Hospital), the county provided a majority of its funding.<sup>7</sup> The sisters constructed an institution consistent with the Vincentian heritage of quality care for the poor, but they constantly had to negotiate the cultural and economic pressures posed by limited county finances and supervisors' class biases. As happened elsewhere in the country, Angelenos' Christian charity was often tinged with disdain for the poor, labeling the indigent sick as lazy and dependent, burdens on society. In contrast, the Daughters of Charity pursued hospital work as a way to practice the virtues of humility, simplicity, and charity, while honoring their commitment to serve the poor.<sup>8</sup>

The Los Angeles Infirmary represents the benefits of public-private collaborations to provide for the indigent sick in the nineteenth-century American West. In 1855, the California legislature authorized the collection of passenger fees for a state hospital fund. These funds would then be proportionately distributed to each county according to population, as recorded by the 1855 state census. The legislature designated these funds

<sup>7</sup> The hospital founded by the Daughters of Charity in Los Angeles has had several different names. They include an informal infirmary at the *Institución Caritativa* (1856-1858), the Los Angeles County Hospital (1858-1878), Los Angeles Infirmary (1869-1918), St. Vincent's Hospital (1918-1974), and St. Vincent Medical Center (1974-present). In practice, however, the institution was commonly referred to as Sisters' Hospital until the twentieth century.

<sup>8</sup> "Common Rules," CCD, 13b: 148.



for treatment of the indigent sick and also authorized boards of supervisors to levy taxes for a county hospital fund, as long as the tax was less than one quarter of one percent.<sup>9</sup> In response to the new law, in July of 1855, the Los Angeles County Board of Supervisors established a sub-committee to better manage the expenses for the county's indigent sick. At the time of treatment, the Committee of Health approved individual applications for county support. Doctors, pharmacists, and boarding house owners then submitted their approved expenses quarterly to the Board of Supervisors to receive payment. Notably, prescriptions had to be submitted in English, and the county physician had to be a "regular graduate" from a recognized medical school.<sup>10</sup> Since the county did not have a hospital, Doctors John S. Griffin and Thomas Foster treated approved patients in private boarding houses. The boarding house owner also submitted bills for food, housing, and nursing care to the county.

The 1855 bill represented part of the Americanization process in the state. The law required that counties hire "regular graduates" as physicians, thereby endorsing scientific medicine and refusing to legitimize midwives, *curanderas*, and homeopathic physicians by paying them with state funds. Requiring prescriptions to be submitted in English also reflected efforts to Americanize local government. These moves illustrate American ascendancy in state government, the application of eastern ideas of social responsibility for the poor, and tensions over the professionalization of medicine which occurred throughout the country. Notably, legal scholar Jacobus tenBroek argues that the 1855 law represented an adaptation of eastern poor laws to California's social conditions. Unlike eastern laws, the California law made no stipulations about residency requirements or family responsibility. Since relatively few American miners came with their families, few men had wives, mothers, or sisters to care for them at home. Nor would these mostly single men have families nearby to pay for their care. And although counties often imposed residency requirements to receive aid, the law implied that counties who accepted state funding would also be responsible for non-residents. The 1855 law was attuned to the social and political conditions of California. Lest we forget, single American-born men voted. This system was primarily designed for them; the miners, laborers, and merchants who fell victim to illness or misfortune.

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<sup>9</sup> Hittell, *General Laws*, pars. 3674-3681, pp. 533-534.

<sup>10</sup> Supervisors John G. Downey, David Lewis, and Stephen C. Foster were appointed as the Committee of Health, and Doctors John S. Griffin and Thomas Foster attended county patients. Minutes, 7 July 1855, Book 1 (1852-1855), 225-26. Los Angeles County Board of Supervisors Records, Historical Board Minutes, Box 1, Executive Office of the Los Angeles County Board of Supervisors, Los Angeles (LACBS).

The arrival of the Daughters of Charity provided an opportunity for the Los Angeles County Board of Supervisors to engage in a more institutionalized approach to its social welfare services. The sisters' reputation as compassionate, skilled nurses allowed the supervisors to improve health care services and to streamline county financial affairs. Instead of paying several boarding house owners for treatment of the sick, the supervisors would only deal with one institution, and they could better regulate who qualified for services. The benefits to a county-funded hospital included better care, an improved reputation for the city, and hopefully similar or lower costs. While the financial savings did not materialize, the county did receive better services. Since the state government never provided enough funding to meet the need, public-private collaborations proved the best solution to offer health care to the poor in the 1850s and 1860s. California ultimately relied upon a combination of private philanthropy, religious organizations, and government funding to care for the indigent sick. The Daughters of Charity fit perfectly into this matrix of nineteenth-century health care.

Besides providing ongoing care for the county's sick at the Los Angeles Infirmary, the Daughters of Charity also collaborated with city officials in facing public health emergencies during periodic smallpox epidemics in the 1860s, 1870s, and 1880s. Following California's patterns for the distribution of public health responsibilities, the City Council — not the County Board of Supervisors — took the lead in combating the epidemics. The council turned to churches and private charity organizations for additional support. For example, the Daughters of Charity volunteered to staff the pest house, or quarantine hospital, during the smallpox epidemics of 1862-1863, 1868-1869, 1876-1877, 1884, and 1887. The Hebrew Benevolent Society also raised funds to provide food for afflicted families.<sup>11</sup> In so doing, public and private entities combined their efforts to meet the needs of health crises that threatened the entire community. By 1877, the smallpox epidemic posed a significant challenge to the city's reputation as a "healthful place." Striving to protect their bottom line, businessmen pressured city officials to take a more comprehensive approach to public health. But for their part, the Daughters of Charity remained focused on improving the quality of health services for the poor, many of whom suffered from government inefficiency and neglect.

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<sup>11</sup> Engh, *Frontier Faiths*, 80-82, 147-148.



### Containing Disease: American Approaches to Public Health before 1870

In the mid-nineteenth century, American approaches to public health reflected popular understandings of the nature of infectious disease, political attitudes that supported limited government intervention, and cultural tensions regarding social welfare provision for the poor. As historians Suellen Hoy and Jane Eliot Sewell explain, medical theorists remained split over the causes of infectious disease. In *Chasing Dirt*, Hoy argues that many Americans blamed “Filth, usually in the form of noxious odors or ‘miasmas’ arising from decomposing organic wastes... for epidemics of cholera, yellow fever, and typhoid as well as typhus, scarlet fever, and diphtheria.”<sup>12</sup> If filth caused disease, then sanitarians believed that city cleansing campaigns could prevent it. However, Sewell explains that other theorists, called contagionists, “thought that infectious diseases were caused by specific contagious elements or organisms.”<sup>13</sup> In the face of competing theories, most cities compromised by combining city cleansing with efforts to isolate suspected sources of contagion. During epidemics, authorities used sanitary regulations and quarantine efforts to halt the spread of contagious disease.

A tradition of limited government intervention also influenced American approaches to public health in the nineteenth century. As Sewell explains, early nineteenth-century officials often deemed ongoing public health actions as unnecessary due to cultural assumptions that “Americans were naturally tougher, healthier hybrids of their inbred, confined European ancestors.”<sup>14</sup> Only unusual threats required intervention, and many believed that government action, when taken, should be temporary. Americans tolerated restrictive measures, and the higher taxes resulting from increased government expenditures, as necessary responses to perceived crises. But as the threat subsided, public support for ongoing preventative measures waned. Baltimore, for example, organized street cleaning campaigns, mandated quarantines, set up temporary hospitals, and recruited emergency nursing staff (including the Sisters of Charity) during the cholera outbreak of 1832. However, as the immediate threat subsided, politicians cut funding for sanitation and hospital services, leaving the city unprepared for another

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<sup>12</sup> Suellen M. Hoy, *Chasing Dirt: The American Pursuit of Cleanliness* (New York: Oxford University Press, 1995), 61.

<sup>13</sup> Jane Eliot Sewell, *Medicine in Maryland: The Practice and the Profession, 1799-1999* (Baltimore: Johns Hopkins University Press, 1999), 122.

<sup>14</sup> Sewell, *Medicine in Maryland*, 117-129, quote on 118. See also Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1962), 14-16; Barbara Gutmann Rosenkrantz, *Public Health and the State: Changing Views in Massachusetts, 1842-1936* (Cambridge: Harvard University Press, 1972), 4.

outbreak in 1848.<sup>15</sup> By responding to crises as needed, Baltimore and other cities developed an ad hoc approach to public health. Temporary government intervention suited American political traditions — and city budgets — until more comprehensive public health reform started to take hold in the 1880s.

Similar notions of frontier “toughness,” combined with limited government resources, encouraged Californians to adopt the same ad hoc approach to public health during the mid-nineteenth century. During smallpox outbreaks, Los Angeles officials developed a three-pronged approach to halt the spread of the disease. First, the city appointed health inspectors to find and report smallpox cases. The inspectors posted yellow quarantine flags in front of patients’ homes, warning the neighborhood of the presence of the disease and restricting the movements of household members. Second, the city opened a quarantine hospital, or “pest house,” to treat indigent patients who could not afford to pay physicians’ fees. Patients without family members to provide nursing care were also sent to the pest house. Third, the city embarked on vaccination campaigns, offering smallpox vaccinations free of charge to city residents. These strategies worked with varying degrees of effectiveness during the periodic epidemics of the 1860s, 1870s, and 1880s.

As in Baltimore, Angelenos expected government intervention to be temporary. When smallpox first appeared during the winter of 1862, the city appointed a board of health and Mayor Damien Marchessault hired inspectors to canvass the city and report every case that appeared in Los Angeles. Marchessault also purchased a “pest house” four miles outside of town and asked the Daughters of Charity to nurse patients there.<sup>16</sup> One sister recalled that when Sister Scholastica and Sister Ann went to inspect the pest house, they found “patients lying pell-mell on the floor, suffering in every way... Some becoming delirious from fever, would rush out over the patients thickly strewn over the floor.”<sup>17</sup> After seeing patients in such a “pitiable condition,” the Daughters of Charity agreed to take charge of the pest house, cleaned it up, and began caring for those afflicted with the

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<sup>15</sup> Sewell, *Medicine in Maryland*, 117-129; Libster and McNeil, *Enlightened Charity*, 64-67.

<sup>16</sup> Engh, *Frontier Faiths*, 81.

<sup>17</sup> “Remarks on Sister Mary Scholastica Logsdon, who died at the Orphan Asylum, Los Angeles, California, U.S., September 9, 1902; 88 Years of Age, 66 of Vocation,” *Lives of Our Deceased Sisters* (1903): 113. Because of the nature of the source, there may be some inaccuracies in the account. This comment most likely refers to the 1862-1863 smallpox epidemic, but it is not dated. In general, few sources remain which discuss the 1862-1863 epidemic in detail. The 1903 account asserts that the sisters requested the city move the pest house closer to town, so they might have better access to patients. It also claims that a family moved out of the home to accommodate the pest house. It is unclear whether this request was made in 1862 or 1869, and I have not been able to corroborate this with evidence from other sources.

disease. Although it is likely that relatively few of the deaths occurred at the pest house, approximately two hundred people throughout the county died during the epidemic. However, as reports of the disease dwindled, the board of health requested permission to disband in March 1863. The Common Council agreed, and it is probable they closed the pest house too.<sup>18</sup> Angelenos did not expect the board of health to become a permanent fixture in city government.

Historian Jennifer Koslow notes that the Common Council followed a similar pattern during the epidemics in the winter of 1868 and spring of 1869. Like in other cities, Los Angeles officials used both the contagionist and sanitarian approach to halting the spread of disease. The council appointed a temporary board of health, quarantined patients at home, and hired Dr. Henry S. Orme to administer smallpox vaccinations. Quarantining patients and administering vaccinations appeased the “contagionists,” who believed that microscopic organisms caused the disease. But the council also engaged in sanitarian city cleansing efforts by instructing Orme to report public health “nuisances,” such as poor sewerage, rotting animal carcasses, and filthy pig sties. The council also mandated that all children had to be vaccinated before attending school, and the city built a new pest house in the fall of 1868.<sup>19</sup> By December of 1868 the number of cases dwindled, however the disease reemerged in May 1869. The Common Council then asked the Daughters of Charity to nurse patients at the pest house, which they did until the epidemic subsided at the end of June. At that time the council dismissed Orme, disbanded the board of health, and closed the pest house.<sup>20</sup> As in 1863, city officials responded to health crises as needed, but did so through a temporary expansion of government authority.

While scientific theories of disease and political support for limited government shaped American public health practices during the nineteenth century, smallpox and other contagious diseases also exacerbated racial and

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<sup>18</sup> Engh, *Frontier Faiths*, 80-81; George Harwood Phillips, “Indians in Los Angeles, 1781-1875: Economic Integration, Social Disintegration,” *The Pacific Historical Review* 49:3 (1980): 448-449. Jennifer L. Koslow, “Public Health,” in *The Development of Los Angeles City Government: An Institutional History, 1850-2000*, ed. Hynda Rudd (Los Angeles: City of Los Angeles Historical Society, 2007), 484.

<sup>19</sup> The Daughters of Charity requested the pest house be moved closer to town, although it is not entirely clear whether this was done in 1869 or 1877. According to the 1884 Stevenson map, the pest house was located on Reservoir Street, near Adobe, adjacent to the Hebrew Cemetery. This is approximately the same location that the Common Council deeded to the sisters for “hospital purposes” in 1857. Deed, The Mayor & Common Council of the City of Los Angeles to the Novice Sisters of Charity, 2 May 1857, Binder and Newspaper Copies of History of the Daughters and SVMC, Los Altos, Saint Vincent Medical Center Historical Conservancy, Los Angeles (SVMCHC); “Remarks on Sister Scholastica,” 113; H.J. Stevenson, “Map of the City of Los Angeles,” 1884, Collection 294, Maps of Los Angeles, the United States, and the World, ca. 1516-, UCLA.

<sup>20</sup> Koslow, “Public Health,” 485-487.

class tensions in communities throughout the United States. In 1863 and 1869, smallpox disproportionately affected the Mexican and Native American populations in Los Angeles, and by 1876, the press blamed the “festering filth” in Chinatown for the reemergence of the disease.<sup>21</sup> By labeling Chinatown as the city’s “plague spot,” historian Natalia Molina argues that the press, and city officials, “assigned responsibility for these conditions to the area’s Chinese residents,” rather than to the Anglo landlords who ignored sanitary conditions.<sup>22</sup> As they deflected attention from economic exploitation and racial prejudice, Los Angeles officials started to conflate race with poverty and threats to public health. If, as some Angelenos believed, Chinese culture encouraged poor hygiene, opium addiction, and immoral behavior, then Chinese immigrants needed to be controlled and contained as a means to protect public health. As Molina argues, quarantine measures and public health ordinances disproportionately affected people of color in Los Angeles, reinforcing images that portrayed Chinese and Mexican residents as “foreign” and “dangerous” to the American citizenry.

Class biases also shaped public responses to smallpox epidemics. In *The Cholera Years*, Charles Rosenberg explained that many middle-class Americans underreported cholera cases in their families to avoid association with the “shameful disease,” assumed to be brought on by the dirty, intemperate, and immoral behavior of the “dishonorable” poor.<sup>23</sup> Sensitive to this image of shame, Los Angeles officials developed a class-based response to the needs of smallpox patients. Middle-class patients could remain in their homes, treated by family members and a private physician, and quarantines for them were not always strictly enforced. However, the health officer unceremoniously scurried poor patients out of town and forced them to endure the humiliation of being treated in the pest house. Like nineteenth-century almshouses, pest houses often suffered from government inefficiency and neglect. Upon her arrival at the Los Angeles pest house in 1887, Sister Veronica Klimkiewicz, D.C., noted that the building was in such a state of disrepair that it was “hardly fit for domestic animals.” The city had hired incompetent and unreliable caretakers, for whom “the large pecuniary consideration offered was the principal, if not the only inducement to enter so repulsive a service.” Because of the filthy conditions and a reputation for indifferent care, Sister Veronica explained, “As a consequence, none, or very few, who were in circumstances to resist the public pressure that sought to

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<sup>21</sup> “Chinatown,” *Evening Republican*, 3 October 1876; Koslow, “Public Health,” 486; Phillips, “Indians in Los Angeles,” 448-449.

<sup>22</sup> Natalia Molina, *Fit to be Citizens? Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2006), 23-30, quote on page 28.

<sup>23</sup> Rosenberg, *The Cholera Years*, 55-57.

force them into such dire isolation, could be induced to leave their homes.”<sup>24</sup> Justifiably, most Angelenos avoided entering the quarantine hospital for fear of living in squalor, and thus hastening death.

Building on antebellum trends that contained the deviant, depraved, or simply the poor into public institutions, Californians started to regulate, isolate, and contain racial minorities as “threats to the health of the community” in the late nineteenth century. Although often underfunded and understaffed, historian Nayan Shah argues that public health officials held considerable “legal authority to regulate property and people’s conduct.”<sup>25</sup> As made evident during the smallpox epidemics, class and racial biases often mediated the application of this authority, and continuing disdain for the poor — especially those afflicted with contagious diseases — led to inadequate funding for facilities, nursing care, and sanitation. Despite these prejudices, the Daughters of Charity engaged with city officials to improve conditions for the sick poor by nursing individuals without regard to race, creed, or class. The sisters thereby challenged the deeply ingrained notions of inequality which dominated society in the nineteenth-century American West.

### **The Pest House and the Daughters of Charity**

As a part of emergency efforts to halt the epidemics, city officials turned to the Daughters of Charity to provide nursing care to the poor in the city-owned pest house. At the height of each epidemic, Sister Scholastica Logsdon agreed to send two or three sisters to take charge of the pest house.<sup>26</sup> Like at the Los Angeles Infirmary, the sisters negotiated a contract to provide nursing care, food, and provisions for smallpox patients, while the city paid

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<sup>24</sup> Veronica Klimkiewicz, D.C., to Euphemia Blenkinsop, D.C., 20 June 1887, Maryvale Historical Collection, Maryvale, Rosemead, California. Copy consulted at SVMCHC, March 2009. Sister Veronica (1837-1930) joined the community in 1854 and served in twelve of the sisters’ institutions (schools, orphan asylums, and hospitals) in the eastern United States before coming to the Los Angeles Infirmary in 1884. Consolidated Database (10-0), ASJPH.

<sup>25</sup> Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley: University of California Press, 2001), 6.

<sup>26</sup> Sister Ann Gillen and several other sisters may have assisted at the pest house in the winter of 1862-1863. Sisters Phileta McCarthy, D.C., and Margaret Weber, D.C., supervised the pest house in May 1869. Sisters Mary Ellen Downey, D.C., and Frances Xavier Schauer, D.C., treated patients at the pest house in the winter of 1876-1877, and Sister Veronica Klimkiewicz recorded her experiences in the pest house in 1887. See notes for her letter below. The *Los Angeles Herald* states that Sisters Josephine, Xavier, and Veronica served in the pest house in 1887. This likely means Sister Josephine Leddy, D.C., and Sister Xavier Schauer. “The Smallpox,” *Los Angeles Herald*, 9 March 1887. In 1879, Sister Phileta McCarthy became the sister servant in Santa Barbara. Engh, *Frontier Faiths*, 80-82, 147-148.

for medicine, clothing, and bedding. The city also agreed that the sisters could manage the facility according to their rules and traditions. The City Council needed the Daughters of Charity to lend their angelic reputation to the pest house in part to convince more patients to enter isolation and thereby slow the advance of the epidemic. As Sister Veronica later explained, city officials hoped “few would refuse to go where such ministrations as theirs were offered.”<sup>27</sup> But the sisters agreed to step in *only* if the city provided improved facilities and adequate funding for patient care. Knowing this, the city council often delayed hiring the Daughters of Charity as long as was possible, presumably to avoid spending money unnecessarily on the “unworthy poor.” They only accepted the sisters’ service when the disease reached truly “epidemic” proportions. By insisting on “suitable conditions” at the pest house, the Daughters of Charity used their political leverage to improve the quality of care for the sick poor. The sisters also continued their spiritual mission to alleviate the suffering of those in need.

Pest house conditions were deplorable under the city’s management. In 1877, patients included Irish immigrants, Mexicans, Indians, and others without families to care for them.<sup>28</sup> Even though the pest house was isolated on the outskirts of town, few Angelenos wanted to risk contracting smallpox by delivering supplies, washing laundry, or nursing patients. The temporary nature of such an emergency also provided little incentive for council members to invest in improving pest house conditions. Before the sisters arrived, the facility reeked with filth, fleas and lice covered the bed linens, and some patients “were at times a literal mass of corruption with maggots crawling from their ears and nose.”<sup>29</sup> Unsurprisingly, few smallpox patients chose to be treated in the pest house. Only one-quarter of the 360 cases reported in 1876 and 1877 received treatment at the facility.<sup>30</sup> Few sick Angelenos risked entering the pest house, perhaps fearing social disparagement, but more likely because they feared the disease itself would worsen given the lack of care provided by the city.

Political pressure from the Grand Jury, and an angry citizen’s committee, forced the city council to take more comprehensive action to

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<sup>27</sup> Klimkiewicz to Blenkinsop, 20 June 1887.

<sup>28</sup> While under the sisters’ management between 25 February and 14 April 1877, thirty of the thirty-eight patients were men. The rosters listed three Indians, with the majority of other patients possessing Spanish or Irish surnames. Pest House Warrants, 20 April 1877. City Treasurer, Bills Paid. Minutes of City Council, Vol. 10, 12, Los Angeles City Archives, Los Angeles, CA.

<sup>29</sup> Klimkiewicz to Blenkinsop, 20 June 1887.

<sup>30</sup> “Health Officer Reports,” *Evening Republican*, 20 October 1876 – 20 April 1877; “City Council Minutes,” *Evening Republican*, 9 February 1877; “Concilio Comun,” *La Crónica*, 13 January 1877; Pest House Warrants, 20 April 1877.





The Sisters' Hospital located on Ann Street, circa 1880.  
 Courtesy of St. Vincent Medical Center, Historical Conservancy, Los Angeles, CA

safeguard the health of its citizens. After an explosive council meeting, Sister Scholastica sent a message to city hall. On 8 February 1877, she offered "to take charge of a suitable pest house, at the rate of \$3 per day for each patient, the Council to furnish physicians and medicines."<sup>31</sup> The sisters agreed to supply all the provisions for the establishment, including wine and liquor, but the city would continue to provide other medicines, bedding, and clothing for patients. Sister Scholastica also required the city to construct a two-story wooden building (eighteen feet square) for the sister-nurses to live in. The city would continue to maintain a wagon and driver for use by the hospital, arrange burials as needed, and patients would not be allowed to bring liquor into the hospital without permission.<sup>32</sup> The sisters' offer was unanimously accepted on 8 February, the council paid nearly two thousand dollars (\$1,986) for a new building on 24 February, and the Daughters of Charity likely took charge of the pest house on 25 February 1877.<sup>33</sup> The sisters' presence had an immediate effect. On 2 March, the health officer reported that twenty

<sup>31</sup> "City Council Minutes," *Evening Republican*, 9 February 1877.

<sup>32</sup> "Concilio Comun," *La Crónica*, 10 February 1877.

<sup>33</sup> "City Council Minutes," *Evening Republican*, 24 February 1877. The first bills recording payments of three dollars per day per patient began on 25 February, so the sisters must have taken over the pest house around that time. See Pest House Warrants, 20 April 1877.

of the fifty-nine cases of smallpox reported in the city were being treated at the pest house, nearly doubling the percentage of afflicted patients receiving care at the facility.<sup>34</sup> The reputation of the Daughters of Charity had boosted Angelenos' confidence in the city's public health efforts.

In requesting a "suitable pest house," the Daughters of Charity used their political leverage to improve the quality of life for their patients. The sisters only agreed to manage a *suitable* pest house, thus forcing the council to pay for improvements and thereby increasing patients' confidence that they would receive quality care. The sisters also required sizeable funds to cover the cost of treating patients. They requested three dollars in gold per patient per day from the City Council, whereas the County Board of Supervisors only paid seventy-five cents per day for patients at the Los Angeles Infirmary.<sup>35</sup> Under public pressure, the council quickly agreed, despite the extraordinary difference in cost. The council understood that it would be easier to quarantine patients in the pest house under the sisters' care, slowing the spread of the disease and mollifying the council's critics.

But why did the sisters ask for so much more? The sisters did not take a salary either at the pest house or the county hospital, so hazard pay would not factor into the equation. I suspect that the sisters asked for three dollars per day because it more adequately covered rising health care costs than the meager allotment accorded to the Los Angeles Infirmary. As Sister Veronica later noted, the increased subsidy from the City Council allowed the sisters "to minister to [patients'] wants in a manner at once more acceptable

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<sup>34</sup> On 9 February, the health officer reported fifty-three cases in the city; ten were being treated in the pest house. "City Council Minutes," *Evening Republican*, 9 February 1877. On 2 March, the health officer reported fifty-nine cases in the city; twenty being treated at the pest house. "City Council Minutes," *Evening Republican*, 2 March 1877.

<sup>35</sup> The sisters likely required payment in gold because of the recent economic crisis in Los Angeles. Paul R. Spitzzeri notes that city treasurer J.J. Mellus deposited \$23,000 of the city's funds in the Temple and Workman bank early in 1875. Unfortunately, the bank fell victim to the August financial crisis sparked by overspeculation in Nevada's Comstock silver trade. In response to the panic caused by the closure of San Francisco's Bank of California on 26 August 1875, both Los Angeles banks (Farmers' and Merchants' Bank and the Temple and Workman) temporarily closed their doors. Although Farmers' and Merchants' reopened on 1 October, co-founder F.P.F. Temple was unable to quickly secure a loan and he could not reopen Temple and Workman until 6 December 1875. Unfortunately, Elias J. ("Lucky") Baldwin's loan was not enough to save the bank. The Temple and Workman Bank closed permanently on 13 January 1876. According to Spitzzeri, the city likely lost all of its funds. See Paul R. Spitzzeri, *The Workman and Temple Families of Southern California, 1830-1930* (Dallas: Seligson Press, 2008), 159-193, and especially 164 and 184 for the city's connection to the bank failure. While the sisters did not contract with the city to care for smallpox patients until February 1877, the requirement to be paid in gold suggests that there was still some hesitancy on their part concerning the council's ability to pay its bills.

and better calculated to promote their recovery.”<sup>36</sup> However, we should also analyze these actions as part of a greater political discourse.

In February 1877, the sisters found themselves in the midst of a movement to deprive them of the contract for the county’s charity patients. The Daughters of Charity had cared for charity patients at the Los Angeles Infirmary since 1858. Throughout this time, the Board of Supervisors steadily applied pressure on the sisters to cut costs, and the board reduced their rate to seventy-five cents per patient per day in 1871.<sup>37</sup> Despite smaller revenues, the sisters continued to care for impoverished patients as best they could. Yet the sisters received public criticism for inadequate conditions at the hospital in 1875 and 1876. Noticeably, the critics failed to note that reduced county funding and a negligent county physician lay at the root of these problems. In 1877, the sisters may have requested their three dollar per patient rate in part to illustrate the inadequacy of the county’s paltry sum. Although the Daughters of Charity did not engage in public protests or appear personally at city council meetings, I would argue that their request for greater funding did send a political message.

The sisters’ actions were not motivated by self-interest, requesting improvements to facilities and ample funding to buy supplies was an act of social advocacy *on behalf of poor patients*. Adequate funding allowed the Daughters of Charity to care for poor patients with respect and dignity, and the sisters were mindful of their roles as advocates for their patients’ physical and spiritual comfort. The Daughters clearly understood that the city and county hospitals needed to be economically viable in order to sustain the sisters’ spiritual mission. Compassion cannot completely overcome insolvency, and the sisters actively cultivated relationships that facilitated the accomplishment of their spiritual objectives. They understood the political environment they worked in, and they acted in ways to preserve their agency and autonomy, always in an effort to provide the best possible care for the men, women, and children they served. As Sister Veronica noted, “It was a missionary as well as a sanitary work that we were called to do.”<sup>38</sup>

The Daughters of Charity served the sick poor as a means to strengthen their own faith and devotion, but they also engaged in this Christian service to encourage others to return to the Catholic fold. Sister Veronica Klimkiewicz happily reported that many of the “coarse, uncouth, and ill-natured” patients were “by their sufferings and by the consolation of Religion, commended to them daily... brought to a better realization of their

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<sup>36</sup> Klimkiewicz to Blenkinsop, 20 June 1887.

<sup>37</sup> “Hospital Item,” *Los Angeles Star*, 7 March 1871.

<sup>38</sup> Klimkiewicz to Blenkinsop, 20 June 1887.



Dated 1910, a postcard portrayal of the Los Angeles Infirmary.  
 Courtesy of Vincentiana Collection, DePaul University Special Collections, Chicago, IL

spiritual needs and to a nearer communion with God.”<sup>39</sup> As with other aspects of their service, spiritual needs came first for the Daughters of Charity. Sister Veronica and her companions placed their trust in Providence, and sought to extend mercy to those who had found none, despite the many experiences Sister Veronica feared “would prove a harrowing scourge for the remainder of life.”<sup>40</sup> The Daughters offered spiritual comfort and practical help. They listened to patients, taught spiritual principles, and invited the priest to offer the sacraments. But, the sisters also went to work cleaning the building, replacing the sheets and blankets, and “so changing and transforming the whole house that the Resident Physician said of it, ‘what was once a hell has become a paradise since the Sisters took matters in charge.’”<sup>41</sup>

The Daughters of Charity maintained a tradition of courageous self-sacrifice through nursing the sick during epidemics throughout the United States. When others fled, Catholic sisters remained in cities such as Baltimore and New Orleans during the cholera epidemics of 1832 and 1848. Their willingness to risk infection and death did much to soften anti-Catholic attitudes in the United States, and it opened doors for the further expansion

<sup>39</sup> *Ibid.*

<sup>40</sup> *Ibid.*

<sup>41</sup> *Ibid.*

of their mission. Along with the sisters' service in the Civil War, the cholera epidemics solidified Catholic sisters' reputation to provide quality nursing and garnered greater support for Catholic hospitals. In Los Angeles, the Daughters of Charity stepped to the fore to provide service during the smallpox epidemics. Their reputation for kind, caring, and effective nursing encouraged sick Angelenos to enter the quarantine hospital, isolating patients and hopefully retarding the spread of the disease. In knowing city officials needed them, the sisters utilized their political leverage to provide the best care possible, insisting that the city improve conditions in the pest house and grant adequate funding for the sick poor.